Program Open Space – Community Parks and Playgrounds Program (CP&PP) Request for Reimbursement Development and Capital Renewal Projects

PROJECT#	REIMBURSEMENT#	Is this a final reinbursement?	Yes No
If this is a fin	al reimbursement request, shall POS rev	ert the remaining Funds?	Yes No
CHECK MADE PAYAB	LE TO	FEDERAL ID#	<u> </u>
PROJECT COORDINATOR:			
	(Title)	(Phone No.)	(Fax No.)

Please submit the following documentation and complete the cost summary below:

- 1. Invoice or contractor's "Requisition for Payment" for supplies, materials, services rendered, or equipment rental.
- 2. Copy of Canceled Checks (Optional) for all items under #1 above. Attach copies of the canceled checks to the invoice or "Requisition for payment". If check amounts are greater than the invoice(s) please write the amount applicable on the check copy and circle the amount. If Local jurisdiction elects to submit copies of canceled checks to support their "Requisition for Payment" then only the Project Coordinator must sign the "Payment Certification" on page 3. If the Local Jurisdiction elects not to submit copies of the canceled checks, the "Payment Certification" must then be signed, in lieu of the Project Coordinator, by an individual with fiscal authority who can certify that the payments have been made.

3. Cost Summary:

CPP Grant Application Item #	Vendor or Contractor	Invoice Number	Amount
			\$
			\$
			\$
			\$
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			\$
			\$

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		Total	\$

SECTION II - Force Account/In-Kind Services/In-House Labor and Equipment:

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below:

- 1. A list or computer printout of individuals working on this project to include; job function, dates and hours each individual worked, hourly rate and total paid.
- 2. A list or computer printout of equipment used, dates and hours operated on this project. Usage rates should be based on current schedules used within the county or town, or current State Highway Administration rate schedule. Indicate the source for rates used.

Total Labor Cost	\$	
Total Equipment Cost	_	
Section II. Total	•	
Summary of Costs		
Total Section I. plus Section II.	\$	
State Percentage Approved		Please Use Decimal Point; i.e. for 20% enter .20
Total Reimbursement Requested	\$	
ditional support documents for costs submit labor and equipment records, will be retained		such as contracts, change orders, bid ipient for three years after final reimbursement.

NOTE: Ad tabulations.

Payment Certification: I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures and the "Program Open Space Grant Application and Project Agreement" and attachments.

(Signature of Local Government Fiscal Authority (Typed or Printed Name) (Title) (Date) or of Local Project Coordinator, see Section 1, 2.)

Reimbursement Processing Time: Allow one (1) month from date of receipt by the State for processing of this reimbursement request. Forward request to the appropriate POS office below:

Asst. Central Regional Administrator Program Open Space Department of Natural Resources Tawes State Office Bldg. (E4) 580 Taylor Avenue Annapolis, Maryland 21401

Asst. Eastern Regional Administrator Program Open Space Department of Natural Resources Tawes State Office Bldg. (E-4) 580 Taylor Avenue Annapolis, Maryland 21401

Asst. Southern Regional Administrator Program Open Space Department of Natural Resources Tawes State Office Bldg. (E4) 580 Taylor Avenue Annapolis, Maryland 21401

Asst. Western Regional Administrator Program Open Space Department of Natural Resources 3 Pershing Street, Suite 104 Cumberland, Maryland 21502

Regional Assist. or Administrator Approval		
	(Signature)	(Date)
Community Parks and Playgrounds Program Manager Approval		
	(Signature)	(Date)
POS Director Approval		
	(Signature)	(Date)